

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000174603 3)))



H220001746033ABCZ

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

- ' -				
i-mail	Address:			
	nuu ess.			

## LLC REGISTERED AGENT CHANGE **UDT & SERVICES L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

2022 NAY 16

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\perp$

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

a)	(b) _	
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
04/19/22	L	_22000186717
Date of filing/registration in Florida	4.	Document number
(a) ZENBUSINESS INC.		
Registered Agent and Registered Office shown on the rec	cords of the Florida D	Dept. of State:
336 E. COLLEGE AVE.		
Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)	
SUITE 301	.417	
TALLAHASSEE	<sub>.FL</sub> 32301	202
		2022 MAY
<sub>b)</sub> Registered Agents Inc.		<del></del>
Enter name of NEW Registered Agent and/or NEW Re	egistered Office addre	्रान्-
7901 4th St N		
NEW Registered Office Address:		<del></del>
STE 300		· co
St. Petersburg	, <sub>FL</sub> 33702	
the limited liability company is not organized under change or changes are made, the Florida street add nt will be identical. Or, in the case of a Florida lines/were authorized by an affirmative vote of the meanticles of organization or the operating agreement	dress of the registe mited liability con mbers of the limit at of the limited lia	tered office and the business office of the registe mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided i
ignature of a member or authorized representative of a member		Printed or typed name of signee
ereby accept the appointment as registered agent wisions of all statutes relative to the proper and combligations of my position as registered agent as increase reflect a change in the registered office addition writing of this change.	and agree to act is emplete performar provided for in Cl	Thanter 605. F.S. Or, if this document is being fi

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent